TATE OF <u>LOUISIANA</u>
YMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION 42 CFR

440.170

Medical and Remedial Any Other Medical Care and Any Other Type of Medical Care Recognized Under State Law Specified by the Secretary

Care and Services Item 24.a.

<u>Transportation Services</u> are reimbursed as follows:

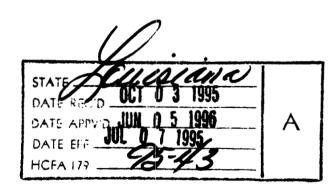
I. Method of Payment

A. Emergency Medical Transportation

1. Land-Based Ambulances

The rate of reimbursement for land based ambulances through Title XIX funds is the same as Medicare's established rates for an emergency ambulance transport, basic life support (BLS), advanced life support (ALS) and mileage, oxygen, intravenous fluids, and disposable supplies administered during the emergency ambulance transport minus the amount paid by any liable third party coverage.

The Department ensures through post pay review that all services are medically appropriate for the level of care billed and have been provided in accordance with the ALS or BLS certification level of the ambulance service.



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YMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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CITATION
42 CFR
440.170

Remedial
Care and Services
Item 24.a. (cont'd.)

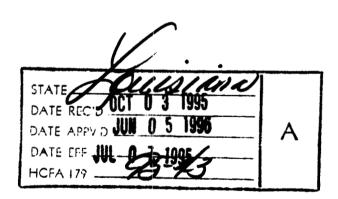
2. Air Transport

The rate of reimbursement for air transport is base rate plus mileage according to rates in effect for Medicare as of January 1, 1995, minus the amount paid by any liable third party coverage.

Separate reimbursement for oxygen and disposable supplies is made when the provider incurs these costs. Reimbursement for these services will be made in accordance with the rates previously established by Medicare and approved by Medicaid effective April 1, 1995.

Payment for air mileage is limited to actual air miles from the pick-up point to the point of delivery of the patient.

Payment for a round trip transport on the same day between two hospitals is the base rate plus the round trip mileage.



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YMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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CITATION
42 CFR
440.170

Remedial
Care and Services
Item 24.a. (cont'd.)

B. Non-Emergency Medical Transportation

1. Capitated Payment

Payment for non-emergency transportation to regular, predictable, and continuing medical services, such as hemodialysis, chemotherapy, or rehabilitation therapy is a monthly capitated payment based on number of trips and distance traveled.

2. Per-Trip Payment

a. Profit Providers

Providers are reimbursed \$15 for round trips up to 65 miles. For each additional 1-30 miles, \$7 is added to the rate. This rate was adopted statewide from the contracted rate paid under the freedom of choice waiver which was operated in the New Orleans region for 6 years. Using this methodology, a fee schedule was adopted which provides for flat fees for predetermined, frequently traveled routes. When transportation is requested for routes not available under the flat fee schedule, negotiated rates are calculated based on distance to be traveled.

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TN# <u>94-30</u>

STATE OF LOUISIANA

YMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial 42 CFR Care and Services 440.170 Item 24.a. (cont'd.)

b. Family and Friend Providers

Providers are reimbursed at one-half of the forprofit rate for round trips up to 65 miles. When transportation is requested for distances greater than 65 miles, rates are calculated based on distance to be traveled.

c. Non-Profit Providers

For round trips up to 65 miles, providers are reimbursed at the for-profit rate reduced by \$3. When transportation is requested for distances greater than 65 miles, rates are calculated based on distance to be traveled.

d. Aircraft and Buses

Medically necessary non-emergency transportation provided by commercial aircraft and buses are reimbursed at their usual and customary rate, subject to maximum limitations based on historical costs for such trips.

e. Ambulances

Medically necessary non-emergency ambulance transportation services are reimbursed at eighty percent (80%) of the providers' rate for the service established by the Bureau of Health Services Financing which was in effect as of July 6, 1995, minus the amount which any third party would pay for that provider.

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Attachment 4.19-B Item 24.a. Page 4

YMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u> 42 CFR 440.170 Medical and Remedial Care and Services Item 24.a. (cont'd.) Trips for nonambulatory recipients are reimbursed at an enhanced rate to accommodate the cost associated with more expensive vehicles, more time in loading, and less capacity in transporting.

An enhanced payment is negotiated by the Bureau for the least costly feasible method of transport when transportation is not available at the above rates.

II. Standards for Participation

Emergency and non-emergency medical transportation providers must be certified by the Bureau of health Services Financing in order to participate in Medicaid.

All advanced life support (ALS) and basic life support (BLS) ambulance services must be certified by the Department of Health and Hospitals, Bureau of Health Services Financing in order to receive Medicaid reimbursement and all ALS or BLS services must be provided in accordance with the state law and regulations governing the administration of these services. All (ALS and BLS) ambulance services must comply with the state law and regulations governing the personnel certifications of the emergency medical technicians administered by the Department of Health and Hospital's Bureau of Emergency Medical Services.

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TN#

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B Item 24.d.

STATE OF LOUISIANA	
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES	

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(a) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

42 CFR 447.201

MEDICAL AND REMEDIAL CARE AND SERVICES

Item 24.d.

NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

Reimbursement for all nursing facility services is located in

Attachment 4.19-D.

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